



INVESTMENT FORM

Internal use only

DCI Acct No.:
Event:

- You may purchase directly via israelbonds.com in lieu of completing this form.
- Personal checks must be payable to State of Israel. Business checks may not be used for personal investments.
- Bank, certified checks, cashier's checks, starter checks and money orders will not be accepted.
- If you have not reviewed the [prospectus](#), you can download it from israelbonds.com or request it from your [local office and sales rep.](#)
- DCI does not disclose non-public personal information about its current and former customers to anyone, other than as set forth in our privacy policy which can be found [here](#).

PURCHASER INFORMATION

ACCOUNT NAME _____ EMAIL _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME NUMBER _____ MOBILE NUMBER _____ WORK NUMBER _____

Gift From:	Gift Message:
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BOND INFORMATION: TYPE OF BOND

SABRA SAVINGS BOND 3-Year
\$1,000 Min. with increments of \$100

MAZEL TOV BOND 5-Year
\$100 min. with increments of \$1, max 2,500
per purchaser per holder per monthly sales period

SHALOM SAVINGS BOND 1-Year 2-Year
\$100 min. with increments of \$1, max \$5,000,000
per purchaser per sales period
(see prospectus for recipient limitations)

MACCABEE ISSUE BOND 2-Year 3-Year 5-Year 10-Year 15-Year
\$5,000 Min. with increments of \$500 within 12 months of initial purchase

PREMIUM JUBILEE BOND 5-Year 10-Year 15-Year
\$1,000,000 Min. and increments of \$25,000

JUBILEE ISSUE BOND 2-Year 3-Year 5-Year 10-Year 15-Year
\$25,000 min. with increments of \$5,000 within 12 months of initial purchase

JUBILEE FINANCING BOND 2-Year
\$100K min. with increments of \$25,000 (financing only)

Total purchase amount: <i>Please make check payable to State of Israel</i>	Refund amount: <i>Only from redemption check</i>	Reinvestments of maturing bond: <input type="checkbox"/> Yes - date: _____	Bonds are issued in book entry form <input type="checkbox"/> Check if certificate requested* <small>*Only for gov't agencies, retirement plans, and financial institutions</small>
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REGISTERED OWNER INFORMATION

NAME _____

ADDRESS _____

ADDRESS LINE 2 _____

EMAIL _____ PHONE NUMBER _____ COMPUTERSHARE ACCOUNT# _____

Send statement or certificate (where applicable) to: _____ _____ _____ _____	Send interest/principal to: _____
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- What is your primary reason for making this purchase?
- Maturing Bond Media/Advertisement
 High Holiday/Appeal Synagogue Program/Event
 Israel Bonds Event Gift/Special Occasion Other

Did a DCI sales rep assist you with this purchase?
 No Yes - Representative Name: _____

Statement or certificate (where applicable) and interest will be sent to registered owner unless otherwise instructed.

For questions, contact: client.support@israelbonds.com 888.519.4111

Return investment form to:
Development Corporation for Israel P.O. Box 5263
Central Processing Department New York, NY 10150-5263